

Impairment Assessment Guidelines

Third Edition

 ReturntoWorkSA



Chapter 15 – Digestive System Quick Reference Guide

Introduction

This Quick Reference Guide outlines the key differences between the First and Third Editions of the Return to Work Scheme Impairment Assessment Guidelines.

The Guidelines are based mainly on the American Medical Association's Guides to the Evaluation of Permanent Impairment (Fifth Edition) and are tailored to the South Australian work injury scheme.

This guide is not intended to be a training package in relation to all requirements of the Impairment Assessment Guidelines Third Edition (the Guidelines). It provides general information relating to the key changes from the Impairment Assessment Guidelines First Edition to the Impairment Assessment Guidelines Third Edition, relating to Chapter 15 – Digestive System.

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Relevant Resources

1. Impairment Assessment Guidelines Third Edition - Chapter 15 – Digestive System [Third Edition of the Impairment Assessment Guidelines](#)
2. American Medical Association Guides to the Evaluation of Permanent Impairment Fifth Edition (AMA5) – Chapter 6 – The Digestive System

Summary of Changes

- Impairment assessment reports to include reasoning for the assessment method and impairment rating.
- Additional evidence required prior to assessment of impairment relating to the digestive system.
- Category placement of impairment for upper digestive tract disease requires clinical judgement and supporting medical evidence.
- Evidence required for impairment relating to irritable bowel syndrome.
- Requirements for assessment of colorectal disease and/or anal disorders.
- Effects of medication and impact on activities of daily living (ADL).
- Requirements for assessment of constipation.
- Requirements for assessment of hiatus hernia.

Changes and Considerations

Digestive System Clause	Description of Change and Considerations
Digestive System Preamble	<p>Key Changes</p> <p>Chapter 15 preamble of the Guidelines inserts the following new requirements:</p> <ul style="list-style-type: none"> The whole person impairment assessment report should comply with the requirements in Clauses 1.54 to 1.59 of the Guidelines. In particular, the impairment assessment report should set out the reasoning for the assessment of the work-related impairment and the relationship of the rating to the injury. <p>Considerations</p> <p>This means that the impairment assessment report must:</p> <ul style="list-style-type: none"> provide a rationale consistent with the methodology and content of the Guidelines (Clause 1.55), include a comparison of the evaluation's key findings with the impairment criteria in the Guidelines (Clause 1.55), and express the degree of impairment as a percentage of whole person impairment (Clause 1.57).
Clause 15.2 Introduction	<p>Key Changes</p> <p>This Clause requires:</p> <ul style="list-style-type: none"> In the absence of reproducible objective evidence of upper digestive tract disease, anatomic loss or alteration, 0% WPI is to be assessed. Noting that sporadic or irregular instances of reflux/heartburn, minor dyspepsia, gas and belching are within the experience of all individuals (AMA5, p118), and in relation to digestive conditions, the worker has had no need to modify eating or seek medical advice. Sporadic or irregular is considered to be an occurrence of once per month or less. <p>Considerations</p> <p>The presence or absence of reproducible objective evidence of upper digestive tract disease, anatomic loss or alteration is to be considered when rating impairment and noted in the impairment assessment report.</p>
Clause 15.3 Introduction	<p>Key Changes</p> <p>This Clause requires:</p> <ul style="list-style-type: none"> When placing a worker in Class 3 of Table 6-3 AMA5, an assessor should grade a worker as “mild” (25–33 WPI%), “moderate” (34–41 WPI%) or “severe” (42–49 WPI%). The reason for placing a worker in a particular category must be based on both clinical judgement exercised by the assessor and the supporting medical evidence. <p>Considerations</p> <p>The impairment assessment report should provide the reasoning for grading a worker’s impairment, based on the assessor’s clinical judgement and the supporting medical evidence.</p>

<p>Clause 15.4 Introduction</p>	<p>Key Changes</p> <p>This Clause requires:</p> <ul style="list-style-type: none"> When assessing irritable bowel syndrome without objective evidence of colon or rectal disease, the assessor is to rate the WPI at 0%. <p>Considerations</p> <p>The assessor must rate impairment at 0% WPI for irritable bowel syndrome when there is no objective evidence of colon or rectal disease.</p>
<p>Clause 15.5 Introduction</p>	<p>Key Changes</p> <p>This Clause requires that prior to an assessment of colorectal disease and/or anal disorders, there should be:</p> <ul style="list-style-type: none"> a physical examination including rectal examination by a treating doctor; a report from that doctor; and if appropriate, a colonoscopy report. <p>Note: Appendix 1 of the Guidelines also states an assessment of colorectal disease and anal disorders may require a full colonoscopy report.</p> <p>Considerations</p> <p>The requestor should ensure that the prerequisites are met before a permanent impairment assessment of colorectal disease and/or anal disorders is conducted. The assessor may request that the requestor provide a treating doctor’s report and full colonoscopy report if it has not been provided by the requestor with the assessment request letter.</p>
<p>Clause 15.6</p>	<p>Key Changes</p> <p>This Clause requires:</p> <ul style="list-style-type: none"> Where the effects of medication on the digestive tract may have caused symptoms, to attract a rating above 0% WPI, the effects of the impact on ADL (<i>activities of daily living</i>) must be related to the digestive impairment and must not be elsewhere rated. <p>Considerations</p> <p>Where relevant, the assessment report should include information on whether a worker’s ADLs have been impacted specifically as a result of medication affecting the digestive tract. Assessors should also ensure that the impact on ADLs has not been rated elsewhere.</p> <p>The Guidelines do not specify which ADLs are to be considered for colorectal disease and/or anal disorders. Assessors may consider Table 1-2 <i>Activities of Daily Living Commonly Measured in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Scales</i>, AMA5, p4.</p>
<p>Clause 15.7 Introduction</p>	<p>Key Changes</p> <p>This new Clause states:</p> <p>Constipation is a symptom and is generally reversible. Generally, it should have a 0% WPI rating. Further, the following may apply:</p> <ul style="list-style-type: none"> In the absence of reproducible objective evidence of lower digestive tract disease, anatomic loss or alteration, a 0% WPI is to be assessed for constipation.

	<ul style="list-style-type: none"> • If there is objective evidence of chronic constipation of one year or more due to continued opioid medication and this is manifested by the history of: <ul style="list-style-type: none"> a) straining-at-stool; or b) a sense of incomplete evacuation; or c) hard stools; or d) abdominal discomfort and pain, then 1–3% WPI can be allocated, assessed on clinical grounds. Reasons for selecting a value within this range must be provided in the report and the assessor must detail in the report the objective evidence used. • If there is associated anatomical change such as anal fissures or haemorrhoids, then these are rated as per the Table 6-5 of AMA5 for chronic constipation. <p>Considerations</p> <p>The impairment assessment report must provide reasoning and rationale for rating impairment where a worker has constipation. The assessor must confirm the history of reported symptoms and detail the objective evidence relied upon.</p>
<p>Clause 15.15 Hiatus Hernia</p>	<p>Key Changes</p> <p>This Clause requires:</p> <ul style="list-style-type: none"> • In such cases where hiatus hernia is well-evidenced due to, or aggravated by, the work injury, including a comprehensive history of the onset of the condition and any prior condition, the impairment rating must be determined from Table 6-3 AMA5 (p121). • If Class 2, 3 or 4 are assessed due to the severity, then no additional assessment for “Adjustment for the effects of treatment” from Chapter 1 is assessable as medication forms the basis for allocating to these classes. • Where there is evidence of an unrelated hiatus hernia or other condition with similar symptoms (for example, gastro-oesophageal reflux), such condition is also rated with reference to Table 6-3 and deducted as a pre-existing impairment. • To avoid double rating the same impairment, if providing an assessment for hiatus hernia with reference to Table 6-3, no additional assessment can be provided for reflux resulting from other causes. <p>Considerations</p> <p>Assessors must be familiar with the new requirements relating to the assessment of hiatus hernias, including:</p> <ul style="list-style-type: none"> - The use of Table 6-3, AMA5 - No additional assessment for ‘adjustment for the effects of treatment’ from chapter 1, where the impairment falls within Class 2, 3 or 4 - Unrelated hiatus hernias or conditions with similar symptoms are rated with reference to Table 6-3 and deducted as pre-existing impairment. - No additional assessment can be provided for reflux resulting from other causes.